

Patient Last, First Name, M.I. (Required)			Date of birth (Required)		Male Female		Mail results to: (Required) P.O. #
Collection date	Collection time	Patient ID		Diagnosis (ICD-9) code			
Referring physician and specialty			Physician UPIN#		Physician NPI#		
Secure fax # for lab results		Physician phone #		Facility phone #			
COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS							
Please Bill: Medicare Colorado Medicaid Patient (Pre-Pay) Check Money Order Visa MasterCard AMEX Discover Name on Card _____ Credit Card # _____ Exp. Date _____ CVV Code _____			Responsible Party (Last, First,):			Medicare (HIC) #	
			Street Address:			Colorado Medicaid ID #	
			City	State	Zip	Social Security #	
			Telephone #			Patient bills must be prepaid or accompany specimen	

TOTAL COMPLEMENT ASSAYS

_____CH50 CH50, total classical pathway activity by hemolytic assay
 _____AH50 AH50, alternative pathway activity by hemolytic assay

FUNCTIONAL HEMOLYTIC ASSAYS FOR INDIVIDUAL COMPONENTS

_____C1QH C1q function by hemolytic assay
 _____C1F C1 function by hemolytic assay
 _____C2F C2 function by hemolytic assay
 _____C3F C3 function by hemolytic assay
 _____C4F C4 function by hemolytic assay
 _____C5F C5 function by hemolytic assay
 _____C6F C6 function by hemolytic assay
 _____C7F C7 function by hemolytic assay
 _____C8F C8 function by hemolytic assay
 _____C9F C9 function by hemolytic assay
 _____PFBF Factor B function by hemolytic assay
 _____FDF Factor D function by hemolytic assay
 _____CEIF C1-esterase inhibitor function by ELISA (C1-INH)
 _____C59S Rapid screen for deficiency of late components (C5 - C9)

CONCENTRATIONS OF INDIVIDUAL COMPONENTS

_____C1Q C1q level by RID
 _____C1RL C1r level by RID
 _____C1SL C1s level by RID
 _____C2L C2 level by RID
 _____C3 C3 level by nephelometry
 _____C4 C4 level by nephelometry
 _____C5L C5 level by RID
 _____C6L C6 level by RID
 _____C7L C7 level by RID
 _____C8L C8 level by RID
 _____C9L C9 level by RID
 _____FBL Factor B level by RID (properdin factor B, or C3PA)
 _____FH Factor H level by RID (β-1H)
 _____FIL Factor I level by RID (C3b-INA,KAF)
 _____PROP Properdin level by ELISA
 _____CEIQ C1-esterase inhibitor level by ELISA (C1-INH)
 _____MLEC Mannose binding lectin by ELISA
 _____CIC Circulating immune complexes (C1q-binding and C3d)

INDIVIDUAL COMPLEMENT SPLIT PRODUCT LEVELS

(CP = classical pathway activation, AP = alternative pathway activation)
 _____C3AL C3ades Arg level by RIA (C3 anaphylatoxin)(CP and/or AP)
 _____C4AL C4ades Arg level by RIA (C4 anaphylatoxin)(CP)
 _____C5AL C5ades Arg level by RIA (C5 anaphylatoxin, complement derived chemotactic factor) (CP and/or AP)
 _____iC3B iC3b level by ELISA (CP and/or AP)
 _____C4D C4d level by ELISA (CP)
 _____BBL Bb level by ELISA (AP)
 _____SC5B9 SC5b-9 level by ELISA (terminal complement complex)
 _____C4RAT Ratio of C4d to C4

SOLUBLE CYTOKINES

_____GMCSF Granulocyte macrophage colony stimulating factor
 _____ILONEA Interleukin 1 alpha
 _____ILONEB Interleukin 1 beta
 _____ILTWO Interleukin 2
 _____IL3 Interleukin 3
 _____IL4 Interleukin 4
 _____IL5 Interleukin 5
 _____ILSIX Interleukin 6
 _____IL8 Interleukin 8
 _____IL10 Interleukin 10
 _____IL12 Interleukin 12
 _____INFBE Interferon beta
 _____INFGA Interferon gamma
 _____TNFA Tumor necrosis factor alpha
 _____INFAL Interferon alpha

AUTOANTIBODIES TO COMPLEMENT COMPONENTS

_____C3NEF C3 nephritic factor by 2-D Immunoelectrophoresis
 _____C1QAB Autoantibody to C1q by ELISA (C1q-CLR)
 _____CEIAP Autoantibody to C1-inhibitor by ELISA

COMMENTS: _____

